

Department	Page 1	Revised
	Effective Date	Supersedes
Subject CHARITY CARE POLICY		
	Department Head	Date
	Administrator	Date

I. MISSION STATEMENT:

The Okanogan Douglas District Hospital recognizes a responsibility to carry its share of the burden of meeting the needs of the medically indigent patients. Medically indigent patients are those with no or inadequate means of paying for needed care under current methods of financing health care services in the United States. This hospital fulfills its legal responsibilities to provide services without charge or at reduced charges as prescribed by WAC 261-14. Charity care will be granted to persons regardless of race, color, sex, religion, age, or national origin.

II. ELIGIBILITY CRITERIA:

Charity care is generally secondary to all other financial resources available to the patient. This includes the following:

1. Individual or group medical plans
2. Workman's compensation
3. Medicare
4. Medicaid/medical assistance
5. State, federal or military programs
6. Third party liability

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HOSPITAL DATA

In those situations where appropriate primary payment sources are not available, patients shall be considered for charity care under this hospital policy based on the following criteria as calculated for the 12 months prior to the date of the request.

- 1.1 The full amount of hospital charges will be determined to be charity care for any patient whose gross family income is at or below 100% of the current federal poverty guidelines.
- 1.2 The following sliding fee schedule shall be used to determine the amount which shall be written off for patients with incomes between 100% and 200% of the current federal poverty level, and whose net worth does not exceed \$40,000.

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Income as a % of federal poverty level	% Discount	Maximum Amount	Max. Payment Amounts
101-110%	95	240	10/mo. - 24 mo.
111-120%	90	360	15/mo. - 24 mo.
121-130%	80	480	20/mo. - 24 mo.
131-140%	70	600	25/mo. - 24 mo.
141-150%	60	720	30/mo. - 24 mo.
151-160%	50	840	35/mo. - 24 mo.
161-170%	40	960	40/mo. - 24 mo.
171-180%	30	1080	45/mo. - 24 mo.
181-190%	20	1200	50/mo. - 24 mo.
191-200%	10	1320	55/mo. - 24 mo.

This scale may be adjusted up or down by administration in cases where unusual circumstances exist. Examples of these circumstances might be:

- a. extraordinary nondiscriminatory expenses
- b. existence and availability of family assets
- c. future income earning capacity
- d. ability to pay

* Net worth: Assets which are exempt or partially exempt in determining net worth are:

- a. family principal residence exempted to net worth of \$35,000. (value of home and property as per tax assessment less mortgage equals net worth.)
- b. necessary motor vehicle exempted to net worth of \$5,000.00.
- c. personal effects and household goods.
- d. life insurance - face value to \$1,500.00.
- e. burial space and up to \$1,500.00 for burial fund.
- f. cash of \$2,000.00 or \$2,500.00 for a family is exempt.

- 1.3 Catastrophic Charity Care: The hospital may write off a charity care amounts for patients with family income in excess of 200% of the federal poverty standards when circumstances indicate severe financial hardship or personal loss. These will be considered on an individual basis.

III. PROCESS FOR ELIGIBILITY DETERMINATION

A. Identification of Potential Charity Care Patients:

1. Initial Determination: During the patient registration process, the hospital will make an initial determination of eligibility based on verbal or written application for charity care. Pending final eligibility determination, the hospital will not initiate collection efforts or requests for deposits, provided that the responsible party is cooperative with the hospital's efforts to reach a determination of sponsorship status, including return of applications and documentation within fourteen (14) days of receipt.
2. The hospital shall use an application process for determining initial interest in and qualification for charity care. Should patients not choose to apply for charity care, they shall not be considered for charity care unless other circumstances or intent become known to the hospital.

B. Final determinations:

2.1 Prima Facie Write-Offs. The hospital may choose to grant charity care based solely on the initial determination. In such cases, the hospital will not complete full verification or documentation of any request.

2.2 Charity care forms, instructions, and written applications shall be furnished to patients when charity care is requested, when need is indicated, or when financial screening indicates potential need. All applications, whether initiated by the patient or the hospital should be accompanied by documentation to verify income amounts indicated on the application form. One or more of the following types of documentation may be acceptable for purpose of verifying income:

1. W-2 withholding statements for all employment during the relevant time period;
2. Pay stubs from all employment during the relevant time period;
3. An income tax return from the most recently-filed calendar year;
4. Forms approving or denying eligibility for Medicaid and/or state-funded Medical Assistance;
5. Forms approving or denying unemployment compensation; or
6. Written statements from employers or welfare agencies.

2.3 Patients will be asked to provide verification of ineligibility for Medicaid or Medical Assistance. During the initial request period, the hospital may pursue other sources of funding, including Medicaid.

2.4 Income shall be annualized from the date of application based upon documentation provided and upon verbal information provided by the patient. The annualization process will be determined by the hospital and will take into consideration seasonal employment and temporary increases and/or decreases of income.

3. Time Frame for Final Determination and Appeals: The hospital shall provide final determination within fourteen days of receipt of all application and documentation material.

4. Denials: Denials will be written and include instructions for appeal or reconsideration as follows. The patient/guarantor may appeal the determination of eligibility for charity care by providing additional verification of income or family size to the Patient Accounts Representative within fourteen days of receipt of notification. All appeals will be reviewed by the V.P. Finance & Operation or Administrator. If this determination affirms the previous denial of charity care, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law.

IV. DOCUMENTATION AND RECORDS

- A. Confidentiality: All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.
- B. Documents pertaining to charity care shall be retained for one year (1).

V. NOTIFICATION

- A. Public Notification: The hospital's charity care policy shall be publicly available through the posting of a sign and the distribution of written materials indicating the policy to patients at the time that the hospital requests information pertaining to third party coverage. The hospital finds that the following non-English
Translations of this document shall be made available because more than 10% of the populations in the service area speaks this language.

Spanish.